

SECTION 2

COMPLIANCE DETERMINATION

2.1 Inspection Preparation

The elements of pre-inspection planning are to (1) establish the scope of the inspection, (2) identify resource needs, (3) develop an Inspection Plan, and (4) perform activities pre-requisite to gaining site access.

2.1.1 Scope of Inspection

The scope of the inspection can be established through (a) *review of the facility's background and past inspection reports*, if any, to identify open issues and (b) review of NESHAP requirements.

The NESHAP standards of interest typically pertain to emissions monitoring and test procedures, actual releases and reporting, and quality assurance methods.

To evaluate on-site stacks and fugitive emission points for compliance with NESHAP standards, the inspection may include public meetings, interviews with facility staff and/or former employees, walk-through inspections of equipment (stacks, monitors, filters, etc), and reviews of documents/records.

Factors affecting scope include: area covered by the facility (Department of Energy facilities may occupy tens of square miles); number of stacks; number of other emissions points, e.g., fugitive emission points; definitions as to what constitutes a fugitive emission point; the number of years of

maintenance, process, and procedures records to be reviewed; the number of open items from prior inspections; number of people to be interviewed, e.g., those involved with operation, maintenance, and upgrades of radioactive emissions air monitoring equipment; etc.

2.1.2 Resource Needs

Identify the types of expertise required to conduct the scope of work.

Often, a multi-disciplinary Inspection Team and support staff are required to perform an inspection.

Special expertise may be necessary to establish radionuclide emissions monitoring requirements (e.g., legal advice to determine the criteria for identifying the stacks to be, or not to be, monitored), to actually conduct the inspections, to analyze the data obtained (i.e., the results of environmental monitoring systems, particulate sampling programs, laboratory work, and CAP-88 inputs), and to perform dose calculations.

Nuclear engineers, QA specialists, and health physicists with experience in conducting inspections, running compliance codes, inspecting radioanalytical laboratories, or designing monitoring and filter equipment would be good choices to have on the team.

The most important member of the team is the team leader. Because the success of the inspection depends to a large degree on the inspection process, it is recommended that the Inspection Team leader be an experienced inspector.

2.1.3 Inspection Plan

The objective of this activity is to ***develop an inspection process*** (the Inspection Plan) providing assurance that facility activities related to airborne radionuclide emissions result in ***a credible***

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and traceable body of information detailed enough to support a decision on compliance with applicable EPA NESHAP requirements.

The Inspection Plan serves as a workbook.

The Inspection Plan, when fully developed, serves as both a comprehensive regulatory reference and as a "workbook." It should identify the requirements and other standards against which the facility will be measured; it should identify the "acceptance criteria" to be followed in determining when a requirement or standard has been met; and, it should outline the overall process (including schedule) for conducting the inspection.

The Inspection Plan should include sections on Background, Purpose and Scope, Regulatory Requirements, Prerequisites, Audit Team Members, Schedule, and appendices containing all checklists to be used.

BACKGROUND

- Identify the facility, location, and dates of the inspection (e.g., Los Alamos National Laboratory, Los Alamos, New Mexico, August 24 through August 28, 2000)
- Describe the facility's compliance record.

PURPOSE AND SCOPE

- Describe the inspection purpose (e.g., "This audit is an independent baseline evaluation pursuant to the radionuclide NESHAP standards, 40 CFR 61, Subparts A and H.
- Describe the inspection scope (e.g., interviews with staff, walk-through surveys of

equipment, and audit of documents/records will be conducted to evaluate on-site stacks and fugitive emission points for compliance with NESHAP standards pertaining to (1) emissions monitoring and test procedures, (2) actual releases and reporting, and (3) quality assurance methods). Identify the applicable facility documents to be reviewed. Greater specificity allows the facility to better prepare for the inspection by providing access to physical facilities and necessary records, assuring the availability of key staff, etc.

REGULATORY AND OTHER REQUIREMENTS

- Identify the specific regulatory requirements (*the Regulatory Baseline*) (e.g., 40 CFR 61, Subpart A, "General Provisions," 40 CFR 61, Subpart H, "National Emission Standards for Emissions of Radionuclides Other Than Radon from Department of Energy Facilities," and 40 CFR 61, Appendix B, Method 114, Section 4, "Quality Assurance Methods." Refer to Appendix A.
- Identify other requirements (e.g., open items from prior inspections, items identified in annual Emissions Monitoring Reports, issues raised in other audits, e.g., DOE Tiger Team reviews, etc.).
- Since identifying requirements is much easier than interpreting them, the Inspection Team should be acquainted with policies and positions on issues arising from prior inspections.

INSPECTION TEAM

- Identify Inspection Team personnel by name and responsibility to allow the facility time for security issues (*authorization, credentials, clearances*) and assuring the availability of personnel with the proper expertise to respond to questions.

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- Identify written procedures (if any) or checklists (e.g., 40 CFR 61, Subparts A and H - requirements checklist) to be used during the inspection. Ideally, checklists should be made available to the facility and returned filled-out prior to inspection to facilitate good information exchange. Refer to Appendices A, B, and C.

PREREQUISITES

- Items required of the facility prior to inspection.
 1. As soon as practical, identify the clearances, training, and/or documentation required (e.g., waivers, releases and nondisclosure statements) for personnel to get on-site.
 2. A brief site history.
 3. A map of the facility showing all emission points whether monitored or not, including the fugitive emissions points.
 4. A list by name/designation of all the emission points.
 5. A copy of NESHAPs recommendations from prior official inspections (e.g., Tiger Teams) and the facility's response to the NESHAPs portion of all recommendations.
 6. If applicable, Radionuclide NESHAPs Annual Reports for several prior years, inputs to CAP-88, and printouts of CAP-88 runs.
 7. Diagrams of stack monitoring systems.
 8. Permission to take photographs or to have a facility photographer assigned.

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- Items required of the facility at the beginning of the inspection.
 1. Use of a private meeting room for the Inspection Team, and use of phones, copy equipment, etc.
 2. Facility escorts familiar with the facility systems and layout, specifically the monitoring systems.
 3. Facility QA Manual; QA Plan; QA Procedures; maintenance records, and calibration and testing records for process and air monitoring equipment; and any other technical documents the facility or the inspector believes to be relevant.
- Items required of Inspection Team members prior to inspection.
 1. Where security is an issue, social security numbers at least 10 days in advance to allow security checks.
 2. For applicable facilities, at least one member who holds a Q-Clearance (or higher) and proof of same.
 3. Appropriate training and proof of same or appropriate waivers.
 4. General equipment - pocket calculator, tape measure, clipboard, locking briefcase, waterproof pens, pencils, and markers, and a flashlight and batteries.
 5. Safety equipment - safety glasses or goggles, ear plugs, rubber-soled, metal-toed, non-skid shoes, long-sleeved coveralls, and a hard hat.

6. Emergency equipment - substance-specific first aid information, emergency telephone numbers, and a first-aid kit with eyewash.
7. Identify, to the extent practical, any precedents established during prior NESHAP audits.

INSPECTION TEAM MEMBERS

- Identify Inspection Team members by name and give their responsibility (e.g., team leader, health physics, observer, etc.) and affiliation.

SCHEDULE

- Specify inspection dates, times, and places of opening and closing conferences, e.g.,
 - Opening Conference: 9:00 AM, August 24, Room 100
 - Conduct of Audit: August 24-28
 - Daily Briefing: 8:00 AM, Hotel
 - Closing Conference: 10:00 AM, August 28, Room 100

For record keeping purposes, it is recommended that each sites facility inspections be assigned a unique inspection number, e.g., DOE-RL/PFP/2000/01, where "DOE-RL" designates the site, PFP designates the facility, "2000" designates the year, and "01" designates the sequential inspection for that year.

2.1.4 Perform Pre-Requisite Activities

Pre-requisite activities consist of several elements: describing the inspection process to help flush out the scope of work, establishing the regulatory baseline to identify the requirements governing

the inspection, establishing acceptance criteria to know when compliance with a requirement has been achieved, and other activities.

Describe the Inspection Process

The inspection will consist of a series of interviews conducted from a pre-prepared list of questions derived from applicable requirements, and observations of operating equipment. Any deficiencies identified may be discussed in the exit interview and in the Inspection Report (cross-referenced to the specific regulatory requirement).

Establish the Regulatory Baseline

The Inspection Team should identify applicable laws, regulations, standards, and guides (the "Regulatory Baseline") required to conduct a consistent regulatory compliance review effort. Requirements for effluent monitoring and data analysis are included in the various radionuclide NESHAPs. Review the NESHAPs relevant to the specific facility. For DOE facilities, the specific requirements applicable to the facility will be identified in 40 CFR 61, Subpart A, and the specific subpart establishing the NESHAP for the facility, Subpart H, and all relevant reference material, including guidance documents. There can be considerable diversity in opinion as to the interpretation in meaning of words and phrases used therein.

In the event the facility applied for a variance from EPA requirements, the Inspection Team leader should establish the status of the request by reviewing the facility's files.

Establish Acceptance Criteria

The Inspection Team must decide what constitutes acceptable evidence of compliance. The first step in this two-step process is the easiest, i.e., determining the evidence exists. For example, if the NESHAP calls for a QA Plan, does the facility have one which addresses all

of the NESHAP's requirements? It is almost a yes or no determination. Almost. The reason it isn't a simple "yes" or "no" is that in some cases the facility may be following a set of procedures and guidance which, even though not called a QA Plan, in all other respects accomplishes the objectives of the QA Plan. In this case, the facility may be technically out-of-compliance.

The second, more difficult step toward determining compliance is the quality of the material submitted. In the example cited above, the issue is whether or not the material submitted by the facility meets the letter and the intent of the regulations, i.e., does the QA plan help assure quality? To answer this question, the Inspection Team member responsible for QA will need to apply experience and judgement.

To establish whether compliance has or has not been achieved, it will be necessary to develop a list of the facility data, reports, analyses, discussions, and other evidence necessary to make an informed judgement on the state of compliance with the NESHAPs regulatory baseline. Checklists are very helpful in keeping track of this process. Checklists should be developed to assist the verification of performance, and acceptability, of required activities. Refer to Appendices A, B, and C.

In another example, the radionuclide NESHAPs require facilities to apply a specific model to demonstrate compliance with the standard. The models used to demonstrate compliance with the radionuclide NESHAPs include CAP-88, CAP88-PC, AIRDOS-PC, and, in certain circumstances, COMPLY. All four of these models have inherent limitations in evaluating special or atypical source/receptor configurations. The facility may wish to use an alternate model, however, prior approval is required.

The purpose of the latter example is to demonstrate that determining compliance may not be straight-forward. It may take considerable effort to establish the adequacy of a facility's model.

Other Activities

Other activities pre-requisite to getting on-site deal with protocol and equipment. At some point during the planning process, the facility to be inspected must be notified.

It is also appropriate to consider forwarding to the facility well in advance of the inspection a copy of Appendix A, "40CFR61, Subparts A and H, Requirements Checklist." The questions and information requests contained therein may take the facility several weeks to respond. Thus, early transmittal is recommended.

2.2 Inspection of Facilities

OBJECTIVE

The objective of the site inspection is to *gather facts (evidence)* -- not to make an on-site compliance determination.

IMPLEMENTATION

The objectives of the inspection phase are accomplished by visiting operating facilities to physically inspect equipment and processes emitting airborne radioactive effluents and related quality assurance records.

2.2.1 Plant Entry

Actual plant entry consists of a series of activities conducted predominantly by the facility security force. The overall objective of this process is (1) maintain plant security by verifying the identity of the personnel entering the plant, and (2) assure that all necessary precautions

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are taken to protect the health and safety of the Inspection Team.

Authority

The statutory authority to inspect facilities subject to Subpart H is found in Section 114 of the Clean Air Act

Arrival

With the arrival on-site of the Inspection Team, the inspection begins. You are cautioned to be prompt so that the day's schedule may be adhered to. The first order of business is to prepare for identity verification and sign-in.

Sign-In and Presentation of Credentials

Each member of the team will be asked to sign-in at the security desk. At that time the security officer in charge will ask to see identification, preferably with a photograph. A driver's license, credit cards, voter registration card, etc., may be required. Once the security officer is satisfied, you will be issued a security badge to be worn at all times on-site.

Uncredentialed persons will be subject to the site's security provisions and may not be allowed to participate in the inspection. This decision will be a function of the type of facility being inspected.

For tight security facilities like DOE facilities, expect to be denied access if credentials are lacking.

During the sign-in process, the members of the Inspection Team may be asked to sign waivers,
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releases and nondisclosure statements. These documents should have been made known as part of the pre-inspection phase activities. If necessary, counsel should be asked to review such material beforehand and approved the efficacy of signing waivers, releases, and non-disclosure statements, since the purpose of the inspection is in part to disclose certain information.

Clearance

If the site to be inspected is a secure site, access to secure areas on-site will be restricted to those with the appropriate security clearance. At all times and in all places on-site, you should be prepared to be accompanied by facility personnel serving as escorts.

Inspection of secure sites may take place without a member of the Inspection Team holding a proper clearance. This practice is discouraged primarily for two reasons. First, access to certain equipment, rooms, buildings, etc., may be denied. Second, questioning of facility staff will be limited to non-security sensitive material. In either instance, information necessary to base compliance judgements may be missing. Without all necessary information, the compliance record, and thus the objective of the NESHAP, is compromised.

State inspectors should first contact the Department of Energy regarding procedures to be followed to obtain required clearances. If problems or inordinate delays are encountered, they should ask the EPA Regional Federal Facility Coordinator for assistance in obtaining needed clearances.

2.2.2 Opening Conference

The opening conference will generally commence directly after sign-in and will be led by the Inspection Team leader and a facility official. The conference has several purposes, one of which is to introduce staff. Other administrative purposes include serving as an orientation on safety protocols, providing information on lines of communication, eating facilities,

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administrative support capabilities, etc.

The conference also has its technical side. The conference provides an opportunity to reiterate the purpose, scope, and process of the inspection.

The opening conference establishes a forum for the exchange of information between inspection personnel and facility officials. This information exchange should focus on, but not be limited to, the inspection itself. The inspector should be aware of several principles that can increase the effectiveness of the opening meeting:

- Gain an early rapport.
- Start the meeting on a positive and professional note.
- Prepare and use any supporting information that will enhance the discussion; e.g., a copy of the Act, technology transfer materials, or other resources.
- Acknowledge that the inspection may disrupt daily facility routines, but assert that reasonable efforts will be made to minimize such disruptions.
- Listen carefully and be willing to answer facility officials' questions. But, do not permit yourself to be maneuvered into bending policies/procedures or overstepping your authority in an attempt to accommodate facility representatives. For example, do not give opinions that are "shot from the hip" about whether facility practices, as described during the discussion, are acceptable and will be found in compliance.

A cooperative working relationship developed during this opening meeting can set the tone for the remainder of the inspection. It also can be used as the foundation for strengthening

relationships. If approached properly, the opening conference provides an ideal opportunity for the inspector to function as public relations liaison and educator.

From the perspective of the regulated community, the inspector is well-positioned to serve as a source of regulatory information. As such, the inspector should provide tactful help before, during, and after the inspection.

If not done beforehand, facility responses to the questions and information requests contained in Appendix A, "40CFR61, Subparts A and H, Requirements Checklist," should be requested. Two to three weeks should be allotted for the facility to comply.

Logistical requirements and arrangements should be addressed in the opening conference to minimize delays and avoid misunderstandings. Relevant considerations include:

- Accompaniment. It may be beneficial to encourage a facility official to accompany the inspector during the inspection (or selected parts of it) to describe the facility and its principal operating characteristics and, where appropriate, to indicate which processes, records, etc., should be claimed as confidential business information.
- Safety requirements. The inspector should determine what OSHA and facility safety regulations will be involved in the inspection, and should be prepared to meet these. Note, however, that EPA typically has its representatives use the same safety equipment that is actually used by employees.
- Order of inspection. A discussion of the order in which operations will be inspected will

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help eliminate wasted time by allowing officials time to make records available and start up intermittent operations.

- List of records. A list of records to be inspected will permit officials to gather and make them available for the inspector.
- Meeting schedule. Based upon the planned inspection activities and the inspector's understanding of facility personnel responsible for key assessment topic areas, a schedule of meeting times can be developed. This will permit key personnel to clear time to meet with the inspector.

2.2.3 Inspection Documentation

As noted in section 2.1.3, the objective of the inspection is to produce a credible and traceable body of information detailed enough to support a decision on compliance with applicable NESHAP requirements. This doesn't just happen. It must be thought about and planned for. One goal of the Inspection Team should be to leave the site with all the information (documents, notes, disks, etc.) necessary to make a compliance finding. To know what that information is precisely requires some thought on what information it will take to satisfy the requirements of the NESHAP, i.e., compliance acceptance criteria. To assist in this determination, a requirements checklist (Appendix A) and information checklists (Appendices B and C) have been prepared to help the team obtain the appropriate information.

The checklists are relatively complete, however, other information not contained therein may be useful in making a compliance determination. Thus, the team members are encouraged to go beyond the checklists into any and all areas considered important in determining compliance.

Inspection Field Notebook and Field Notes

The inspector's field logbook is the core of all inspection documentation. It should contain accurate and inclusive documentation of all inspection activities. The logbook is used as the basis for preparing the inspection report and to refresh the inspector's memory regarding the specifics of sample collection and other inspection procedures should the inspector be called upon to testify. Logbooks become a part of the official inspection file.

Language in the logbook should be objective, factual, and free of personal feelings and conclusions of law. The logbooks can be provided to the opposing side during the discovery process of an enforcement case and can be entered as evidence in court.

Inspectors should use only bound field logbooks for maintaining field records, preferable with consecutively numbered pages.

Observations and answers to interview questions should be recorded in logbooks. Examples of checklists used to elicit and record information are provided in the appendices.

Field notes should be kept in accordance with requirements established by QA plans. Typically, such requirements deal with alteration of records, i.e., write-overs, cross-outs, white-out, etc. The essence of these requirements is to make all alterations traceable. Thus, cross-outs with a single line and initials are allowed whereas use of white-out or other obliteration of material would not be. There may also be requirements to use bound notebooks to preclude the substitution of pages. In any event, the appropriate requirement should be identified and followed.

Drawings and Maps

During an inspection, making maps and sketches of the equipment being inspected helps the

inspector to recreate the situation for later analysis. Team members are encouraged to make such sketches in their logbooks. Sometimes, the facility may be able to provide schematics of the process. If available, photographers may be used to create a record of the as-found condition.

Copies of Records, Printed Material

In reviewing records, certain information (schematics, descriptions, data, or the entire record) will be useful in establishing the database upon which the compliance findings will depend. Copies of such records should be obtained within the boundaries established by the proprietary or security nature of the information. In the latter case, it may be possible to obtain a "clean" version of the information, i.e., information from which the sensitive material has been removed. Examples may include facility QA plans, technical procedures, memos, etc.

Photographs

The Inspection Team is encouraged to take photographs to help assist in the inspection. With time, memories may fade or provide incomplete records of what was observed in the field. Photographs are useful for preserving the as-found conditions.

However, use of cameras on-site or in certain areas may not be allowed if security or proprietary information is involved. In these cases, photographs may still be feasible if taken by facility officials. If the Inspection Team wishes to use photographs in the inspection process, the request should be made during the pre-inspection planning phase.

2.2.4 Verification of Facility Records

It is essential to establish the validity of the database upon which compliance determinations will be based.

Facilities subject to the radionuclide NESHAPs are also subject to the quality control provisions therein. One such provision requires periodic reports to responsible management which assess the quality of the data, results of audits, and descriptions of corrective actions. An investigation of these reports can help establish a level of confidence in facility records. Further, it should be possible to trace requirements from the NESHAP to on-site implementing procedures addressing record keeping requirements.

2.2.5 On-Site Dose Calculations

When on-site, there are two main objectives the Inspection Team members assigned responsibility for dose calculations will wish to pursue. First, the team will evaluate the validity of the facility's use of CAP-88, CAP88-PC, AIRDOS-PC, or COMPLY, the codes approved for use. Second, the team may wish to use one of these codes to run an independent check of the facility's results. Appendix D provides descriptions of these codes as well as guidance on their use.

To evaluate the validity of the facility's use of the codes, the technical questions in the Appendix B technical checklist (Section 5) should be considered. Nuances related to some of these questions are discussed below.

- Which code was used? The facility must use CAP-88, CAP88-PC, or AIRDOS-PC if the distance to the closest resident is greater than 3000 meters.
- How did the facility treat multiple release points? CAP-88 allows multiple

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release points; however, they are all put in one location. If the facility used this option, how did they choose the location for the single release point representing the many? COMPLY allows a more detailed treatment of multiple release points than CAP-88. Multiple release points can become quite complicated, but COMPLY can be used to determine which release point produces the highest dose. See the COMPLY user guide.

- What is the source of the facility's meteorological data? To check the reasonableness of the data, use NOAA data from a nearby location to calculate air concentrations. If the terrain is not too different, the results should be reasonably close to one another.
- Did the facility change any of the default pathway parameters in CAP-88? These parameters cannot be changed in COMPLY. A list of the CAP-88 parameters and their default values is given in the CAP-88 user guide.
- Was CAP-88 used to estimate the dose to a resident who is closer than 100 meters to the release point? This is not specifically disallowed in the rule, but is not good practice. For close-in distances, COMPLY should be used because it accounts for building wake effects.

Is the terrain complex? For example, the Gaussian plume model used by both COMPLY and CAP-88 is not very accurate in hilly or mountainous terrain. A particular problem occurs when the source is on top of a hill and the receptor is located in a valley. In such a case the concentration could be grossly overestimated. The opposite problem, having the source in the

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valley and the receptor on top of a hill, can be approximated by subtracting the difference in elevation from the stack height. If the difference is negative, use a ground-level release (zero stack height). There is no good answer to the problem of complex terrain. Simply be aware that it exists.

2.2.6 Post-Inspection Conference

The post-inspection conference will be led by the Inspection Team leader.

The post-inspection conference is neither the time nor the place to announce compliance judgements. Rather, the most appropriate use of the conference is to build confidence that the observances made in the field are in fact accurate. Sharing observations and asking for comment by facility officials can often clear up misunderstandings before they get into print. Once in print, errors can be embarrassing and difficult to explain.

Another reason to avoid rushing to judgement is that facility officials may put too much credence in compliance findings they hear at the conference, not realizing that a rigorous analysis, review, and approval process must yet be conducted. Officials may commit funds to repairs that later may not turn out to be necessary.

The post-inspection conference is also an appropriate time to request missing information, to exchange phone numbers in case questions arise during the analysis, and to estimate the schedule for making findings and issuing the Inspection Report.

Finally, it may be appropriate to issue the Inspection Report in draft form for public comment depending on the level of interest the public displays in the inspection. It may also be appropriate for officials of the inspected facility to review the report, however, public perception may be negative. In any event, the protocols established for independent review should be followed.

2.3 Post-Inspection Activities

OBJECTIVE

This phase of the process has several objectives. First, it is necessary to analyze all the facts gathered and observations made during the physical inspection and establish the record. Compliance determinations should be based upon the record. Second, it is necessary to make recommendations which, if implemented, would correct the deficiencies noted. Third, it is important to establish a list of facility commitments to allow follow up efforts on correction of deficiencies.

IMPLEMENTATION

To achieve the first and second objectives, it is necessary to establish the record, or evidence, upon which decisions will rest. This body of evidence consists of (1) the information gathered in the field and (2) the summary and analysis of field information. The latter material will be included as appendices in the Inspection Report. The third objective requires the creation and updating of databases important to verification of compliance, including corrective action.

2.3.1 Report Preparation

Report Preparation.

The information submitted by the facility will be reviewed to determine the degree of compliance with the applicable subparts. If it is determined that information is still lacking, it must be identified and obtained from the facility. Each team member is responsible for determining the information needed for his/her area of expertise. Conclusion of the

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inspection process is not feasible without all necessary data.

The results of all work done by an inspector are finally expressed in some form of written report. Proper documentation of an inspection is a key aspect of an inspector's job.

Government officials and attorneys who review the report must have all the facts to make appropriate and effective decisions. Well-written reports create an impression of a well-conducted inspection, and facilitate the report review and decision-making process.

The purpose of the inspection report is to present a factual record of an inspection, from the time when the need for the inspection is perceived through the analysis of samples and other data collected during the inspection. An inspection report must be complete and accurate, because it will provide the bases for potential enforcement actions and may become an important piece of evidence in litigation. The length and format of inspection reports may vary based on program and individual office policy and practice.

The objective of an inspection report is to organize and coordinate all evidence gathered in an inspection in a comprehensive, usable manner. To meet this objective, information in an inspection report must be:

- Accurate
- Relevant
- Comprehensive
- Coordinated
- Objective
- Clear
- Neat and Legible

No single standard inspection report format exists; the specific information needs will vary depending on the program and regulatory requirements involved. While the format and exact

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contents of the inspection report vary, the report should always contain enough information that the reader can determine the following:

- The specific reason for the inspection;
- Who participated in the inspection;
- That all required notices, receipts, and other legal requirements were complied with;
- What actions were taken during the inspection, including the chronology of these actions;
- What statements, records, physical samples and other evidence was obtained during the inspection;
- What observations were made during the inspection; and
- The results of sample analyses related to the inspection.

2.3.2 Determining Compliance

Satisfactory results from running the computer codes are insufficient to establish compliance with the NESHAP.

*Compliance with the NESHAP is not simply
a matter of running CAP-88 or COMPLY.*

The code results are important and serve to establish that the facility is in compliance with the dose standard, however, verification of correct input values is necessary before making a compliance determination.

For each technical activity, the report should state concisely the findings of fact. These findings should be followed by a concise statement of the applicable regulatory requirement(s) referenced

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to the NESHAP. Lastly, by comparing the two, a compliance finding of that technical activity can be made. Conclusions and compliance findings should be contained in a separate memorandum or other format that is clearly separate